PATENT APPLICATION FEE DETERMINATION RECORD

Effective Cychoc1, 2003

Application or Docket Number

10/601958

211001110 20011111111111111111111111111												·	
			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THA		
TOTAL CLAIMS			30					RATE	FEE	1	RATE		EE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	1385	OR	BASIC FEE	72	10
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10			X\$-7=		OR	140162	X\$18= 180	
INDEPENDENT CLAIMS			• minus 3 = *		*	3		X43=		OR	አ ያ ρ=	25	2.
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=		OR	0.00		
* If the difference in column 1 is less than zero					"0" in c	column 2		TOTAL	 	OR	TOTAL	4	12.
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	πο	DI- NAL EE
	Total	. 19	Minus	1.3	0	= .		x\$9=)	OR	×\$18=		
	Independent	NTATION OF M	Minus	***	<u>(0</u>	-		X\f3-		OR	296°		\prod
_	rinai Pheac	NIAHON OF M	ULTIPLE DE	PENUENT	CLAIM		1 [+ 45:=		OR	+340:=	•	
							L	TOTAL ODIT, FEE	+	100	IOTAL ADDIT, FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)		ODII. PEG	<u> </u>		noon. I LL		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
	Total	•	Minus	**		*		x19-		OR	x\$/8=		
	Independent	•	Minus	***		=] [X43=		OR	×86=		
	FIRST PRESE	JLTIPLE DE	PENDENT	CLAIM	U]	+145=		OR	+290=			
		•	•				L	TOTAL			TOTAL		
						1	A	DDIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)	ı -						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIO	
	Total	*	Minus	**		=		x\$9=		OR	X\${8=		
	Indep ndent		Minus	484		=		X43=		OR	×86		一
لــــــــــــــــــــــــــــــــــــــ	FIRST PRESE	NTATION OF MU	ULTIPLE DE	PENDENT	CLAIM		! -						\dashv
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF TOTAL ADDIT. FEE													
		mber Previously Paid ther Previously Paid						_	ropriate box				